

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **25293**

FILED AUG 14 1941
Registration District No. **408**

Primary Registration District No. **3020**

Registrar's No. **116**

1. PLACE OF DEATH:

(a) County **Jasper**
(b) City or town **Carthage**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1241 River St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **None**
(Specify whether years, months or days)
In this community **Ten Years**

3. (a) PRINT FULL NAME **Cornelia Walker**

3. (b) If veteran, name war. **None** 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife **None** 6. (c) Age of husband or wife if alive **None** years

7. Birth date of deceased **Febr.** **4** **1895**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 **5** **26** hr. min.

9. Birthplace **Hollinger Co.** **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business **None**

12. Name **A. A. Walker**

13. Birthplace **Huron Co.** **Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **Rozilo Mayfield**

15. Birthplace **Lawrence Co.** **Ind.**
(City, town, or county) (State or foreign country)

16. (a) Informant **A. A. Walker**

(b) Address **1241 River St. Carthage Mo.**

17. (a) **Burial** (b) Date thereof **Aug. 2, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Hill Cemetery**

18. (a) Signature of funeral director **Knell Mortuary**

(b) Address **Carthage Mo.**

19. (a) **Aug 1, 1941** (b) **E. J. McEntire, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Carthage**
(If outside city or town limits, write "RURAL")
(d) Street No. **1241 River St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **30**
year **1941** hour **7** minute **15 P.** M.

21. I hereby certify that I attended the deceased from **7-15-41**
to **7-26-41**, 19____;
that I last saw **her** alive on **7-26-41**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Phonemic Valvular**
7 Leaf

Due to **Influenza**

Due to **33.8**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **E. J. Baker** (M. D. or other)

Address **Carthage Mo** Date signed **8-1-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

41-8.701

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Emm R. Snell

Licensed Embalmer No. 391

P. O. Address Parthage

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.